

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031998

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1191-D

FILED SEP 12 1963

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SpringfieldLength of stay in 1b
1 dayc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Burge-Protestant Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY OR TOWN Rogersville

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rt. # 2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
CHARLES EDWARD STEININGER4. DATE OF DEATH Month Day Year
August 7, 19635. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7-25-779. AGE (last birthday)
86IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Restaurant Operator10b. KIND OF BUSINESS OR INDUSTRY
Retail11. BIRTHPLACE (City and state or country)
Hancock Co., Ohio12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

C. W. Steininger

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Ninnie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Rt. # 2

Ninnie Steininger, Rogersville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH
12 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Atherosclerosis

DUE TO (c)

10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Congestive Heart Failure

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-1956 to 7-7-63 and last saw her alive on 5-16-63
Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Earl W. Russell mde

(Degree or title)

22b. ADDRESS

Springfield, Mo

22c. DATE SIGNED

9-7-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-9-63

23c. NAME OF CEMETERY OR CREMATORY

Holladay Cemetery

23d. LOCATION (City, town, or county)

Greene Co., Missouri

(State)

24. FUNERAL DIRECTOR

Kelley-Ferrell,

ADDRESS

Rogersville, Mo.

25. DATE RECD. BY LOCAL REG.

9-5-63

26. REGISTRAR'S SIGNATURE

Bernice Medley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10397
20390
3
40
51
6
71
80
9420.1
10
11
121-0
13

8/7/63

TPED
10PED
0
1
1
0
0-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jm K. Leneell

Licensed Embalmer No. 4910

P. O. Address Rogersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.